AN ADOLESCENT GIRL WITH ULCUS VULVAE ACUTUM

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Background Ulcus vulvae acutum (UVA) is a disease characterized by primary aphthous ulcer or reactive nonsexually related acute genital ulcer. The etiology is unknown. The diagnosis is made by excluding other infectious and noninfectious causes which can be responsible for vulvar ulcer. Case report A 12-year-old girl had a pustule-like lesion which appeared on her genital region 4 days ago and grew rapidly with a swelling and tenderness. Before the admission, she did not take any medication except the analgesics. On the physical examination, no pathological findings were observed other than a very painful ulcero-necrotic lesion with purulent discharge which was on the entrance of the vagina, at 6 o’clock position. The whole blood count showed hemoglobin level of 12.6 g/dL, a white blood count of 4210/mm³, and a platelet count of 187000/mm³. ESH was 14 mm/h and 

Conclusion To date, no effective treatment exists for NKH. The standard treatment strategies for NKH include sodium benzoate (to reduce plasma concentration of glycine) and NMDA receptor antagonists (ketamine, dextromethorphan, felbamate, and topiramate). Both sodium benzoate and dextromethorphan may improve alertness and decrease seizure frequency if prescribed during the newborn period.

A 9-WEEK BABY WITH PH OF 7.62 AND BICARBONATE OF 66.6

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Introduction Infantile hypertrophic pyloric stenosis (HPS) is a condition where hypertrophy of the pyloric sphincter results in narrowing of the pyloric canal. It is the most common

phenytoin. Due to ongoing seizure activity was loaded with IV levetiracetam. Did not respond to pyridoxine challenge.

Investigations included bloods and CSF sent for metabolic work up, Serum glycine was 1905 , with raised CSF:plasma glycine levels EEG (showed burst suppressive pattern) MRI-normal.

Child transferred to tertiary centre for ongoing management. Needed 7 days of intensive care , managed by metabolic and neurology teams. Regular follow-up at local centre.

Is currently on phenobarbital , levetiracetam , sodium benzoate and folic acid

Conclusion To date, no effective treatment exists for NKH. The standard treatment strategies for NKH include sodium benzoate (to reduce plasma concentration of glycine) and NMDA receptor antagonists (ketamine, dextromethorphan, felbamate, and topiramate). Both sodium benzoate and dextromethorphan may improve alertness and decrease seizure frequency if prescribed during the newborn period.